

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000004612

**Entity Name:** WINTER PARK ACHIEVEMENT FOUNDATION, INC.**Current Principal Place of Business:**300 NEW YORK AVENUE  
PO BOX 953  
WINTER PARK, FL 32790**Current Mailing Address:**PO BOX 953  
WINTER PARK, FL 32790 US**FEI Number:** 45-5235050**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HILLERY, MARK  
300 NEW YORK AVENUE  
PO BOX 953  
WINTER PARK, FL 32790 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** MARK HILLERY

04/08/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PRESIDENT
Name	HILLERY, MARK
Address	PO BOX 953
City-State-Zip:	WINTER PARK FL 32790

Title	TREASURER
Name	COMER, CORIE
Address	PO BOX 953
City-State-Zip:	WINTER PARK FL 32790

Title	DIRECTOR
Name	CARTER, LYNDON
Address	PO BOX 953
City-State-Zip:	WINTER PARK FL 32790

Title	DIRECTOR
Name	NEWSOME, RON
Address	PO BOX 953
City-State-Zip:	WINTER PARK FL 32790

Title	DIRECTOR
Name	PARKER, BENJAMIN
Address	PO BOX 953
City-State-Zip:	WINTER PARK FL 32790

Title	DIRECTOR
Name	STARKE, DREW
Address	PO BOX 953
City-State-Zip:	WINTER PARK FL 32790

Title	DIRECTOR
Name	DRAYTON, PAUL
Address	PO BOX 953
City-State-Zip:	WINTER PARK FL 32790

Title	DIRECTOR
Name	BUTLER, BRIAN
Address	PO BOX 953
City-State-Zip:	WINTER PARK FL 32790

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CORIE V. COMER

TREASURER

04/08/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name DAVIS, JOHN F  
Address PO BOX 953  
City-State-Zip: WINTER PARK FL 32790

Title VP  
Name JOHNSON, AUGUSTUS  
Address PO BOX 953  
City-State-Zip: WINTER PARK FL 32790

Title DIRECTOR  
Name GORDON, DARRYL  
Address PO BOX 953  
City-State-Zip: WINTER PARK FL 32790

Title DIRECTOR  
Name DELAGALL, TONY  
Address PO BOX 953  
City-State-Zip: WINTER PARK FL 32790

Title DIRECTOR  
Name LEWIS, CHARLES  
Address PO BOX 953  
City-State-Zip: WINTER PARK FL 32790

Title SECRETARY  
Name SWIFT, EMMANUEL  
Address PO BOX 953  
City-State-Zip: WINTER PARK FL 32790

Title DIRECTOR  
Name SLOAN, JEFF  
Address PO BOX 953  
City-State-Zip: WINTER PARK FL 32790

Title DIRECTOR  
Name CELISTAN, DWAIN  
Address PO BOX 953  
City-State-Zip: WINTER PARK FL 32790